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EDITOR, - - - - WM. BOERICKE, M. D.

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EDITORIAL.

IN CERTIS UNITAS.

The success of the Hahnemann Medical College of San Francisco is assured. It has entered upon its second year of work, the preliminary term of lectures having commenced February 3d. A good class presented itself, and we have every reason to believe that the second year of our college will add its share to the success already achieved.

The common bond that unites the Faculty and Board of Directors and students into a harmonious working body is the acknowledgement of the Law of Cure, and the desire to promulgate it and thus see it practically utilized in the treatment of the sick. Now, our distance from the centers, and the comparative fewness of our numbers, necessitates concentrated action, in order to insure best results. Let us unite our efforts on the great central principles that characterize our school, and not scatter our forces on side issues. Extreme views are always partial, narrow-minded and dis-

torted. Therefore, let us avoid them in our college teachings, for just so long as we teach dogmatically, and with a zealot's blind enthusiasm, that the true Homœopath is alone he who uses the high potencies exclusively, or, on the other hand, hold *him* up to derision who so believes and teaches, we make use of the methods of the politician to achieve party ends.

We thus would put the greatest obstacles in the way of the development of Homœopathy as a science, and by that course invite reckless partisans to make it the camping ground of parties. Let us rather cultivate among ourselves, and especially teach in our college, the true spirit of pursuing any science, such as was Carroll Dunham's—that true interpreter of Hahnemann—the spirit that refuses blind acceptance of the ipse dixit of any man; the spirit that upholds the attitude of mental openness to receive truth from whatever source. The cultivation of this spirit will strengthen and enlarge our school, and make its graduates ornaments of the profession.

This spirit, joined with the determinate purpose of looking only to the good of the cause, and not allowing personal ends to supplant higher aims, is the only method for our growth and success, and the only one worth while cultivating.

THE Hahnemann Medical College of San Francisco may well be congratulated on the acquisition of Professor Burdick, the eminent lecturer on Obstetrics, to fill that chair in our College. Prof. Burdick is an acknowledged authority in his specialty, a graceful and fluent lecturer, and experienced teacher, having been connected for many years with the New York Homœopathic Medical College.

Dr. J. W. Ward, late House Surgeon of the Hahnemann Hospital, New York, has accepted the appointment to the chair of Physiology, and this, too, is an acquisition for the College. Both appointments add much strength to the College Faculty.

ORIGINAL ARTICLES.

OVARIOTOMY AT THE HAHNEMANN HOSPITAL
OF NEW YORK.

BY JAMES W. WARD, M. D., HOUSE SURGEON.

A few items of interest may be gleaned from the notes of four successive cases of abdominal sections, performed by Prof. Wm. Tod Helmuth, within the last few weeks at the Hahnemann Hospital.

They elicit interest, mainly because of their variety, the complications arising in the subsequent treatment and because of the late hour at which all, save one, submitted themselves to the operation. In the first case, Lawson Taite's operation was proposed, removing the uterine appendages and thus establishing the menopause.

Dr. Robt. Battey of Georgia, introduced an operation termed by him "Homeal Ovariectomy," removing only the ovaries, allowing the tubes to remain. While this accomplished the cessation of ovulation, it did not abolish menstruation and accomplish the desired purpose of determining the menopause. The object of the first operation which I record, was to offer relief from a fibro-myomata of the uterus, marked by imperfect ovulation, profuse leucorrheal discharge and "excessive menstrual menses." The patient had long been under medical treatment, with very limited relief and her strength was gradually being reduced to the minimum by the discharge, leucorrheal and menstrual, which alternated, one of which was constantly present.

The mental state was that of marked cheerfulness, the patient feeling assured of the successful issue of the adventure. Taite's operation was recommended by Dr. Helmuth as the only means of removing the source of irritation.

On a section of the abdominal walls an immense fibro-myomata was brought into view, with its purple, congested and distended appearance and from which, the mere accidental touch of the point of the scalpel, caused for sometime, quite a smart hemorrhage. The left ovary with its tube was obtained with ease, while the right, being dislo-

cated behind the uterus, was with great difficulty brought within the grasp of the operator. Shock was combated with aconite 3.

Right here let me say, that for many months nothing save *potencies of homœopathic medicines* have been used in the Hahnemann Hospital in the treatment of shock.

The more closely the remedy has been chosen, the less need has been found for the employment of stimulants, a practice so popular in the treatment after large operations.

After the operation a curious condition presented. In direct contrast to what had been the former tendencies of her life, marked insomnia arose, which readily was conquered by three doses of opium 6.

The indication upon which the opium was prescribed was the great desire to sleep, yet with inability to accomplish it; no other condition being present.

A slight flow of blood from the vagina followed the operation, which gave place to a decreasing leucorrheal discharge. The only interruption of advancement lay in the formation of a circumscribed abscess between the peritoneum and abdominal muscles, which promptly yielded to treatment. She passed the time for one menstrual period while still in the hospital with scarcely perceptible flow for a few hours, disappearing with no signs of the former menorrhagia.

During convalescence she complained of a sense of weakness in the lumbar region, every motion of the body being constantly felt in the back, for which Sepia 6 was given, and gave permanent relief. For several nights, near the close of her stay in the Hospital, sleeplessness became again somewhat troublesome, nothing, however, being given for it until it became marked. When called to prescribe, at 8 P. M., I found her crying, but upon interviewing her a few moments this gave way to a smile. Her reason for not sleeping was the sensation she experienced of being about two inches from the bed—there suspended. Ignatia 30 was administered to cover the mental condition. After two doses at short intervals, she fell asleep for the night. I am not aware that this sense of suspension is found in the provings of Ignatia, but it certainly disappeared and did not return.

The second case was that of a Parovarian cyst in a young

lady of twenty summers. The diagnosis was made out chiefly by the inability to discover by microscopic examination any characteristic elements of ovarian cystoma.

She was physically anæmic, and mentally was not as buoyant as the former case, or as hopeful as the third of this group. She bore no history of previous attacks of peritoneal inflammation. There being no adhesion, the tumor was removed with great celerity, through an incision in the linea alba four inches in extent.

Arsenicum 6 aided in the recovery from shock, and arsenicum 30 was continued till the stitches were removed on the ninth day; she progressed well until the eleventh day. At this time, without any concomitant symptoms, an unaccountable rise of temperature occurred, which continued gradually increasing, subject to some variation, until at length it reached a morning temperature of $104\frac{2}{5}^{\circ}$ on the sixteenth day. As the temperature did not yield to remedies, nascent phenic acid was hypodermically injected, 40 minims, morning and evening, according to the method of Declat. On the morning of the sixteenth day, at one of the points made by the stitches, a small protuberance was noticeable, from which, being punctured, extruded a drop of pus, more being discharged by gentle pressure. A fetid odor was especially noticeable on the morning of the detection of the pus. During the interval elapsing from the operation to the discovery of pus, the abdomen had been subjected to repeated examinations, and especial attention had been directed towards the possible formation of abscesses along the margins of the wound.

The rise of temperature was unaccompanied by perspiration of any import—no chill had preceded it; no weakness, insomnia or anorexia characterized the condition, and had it not been for this alarming temperature, no one could have ever suspected any morbid systemic process. It was deemed best to enlarge the opening, and thus allow a free exit to the pus. She was again etherized, and Dr. Helmuth made an incision one inch in length on the left of the cicatrix, through the tissues into the abdominal cavity. A sponge-holder, armed with cotton, was gently passed into the abdomen, resulting in an immense outflow of decomposed pus; about 20

ounces of morbid matter was discharged, accompanied by several sloughs of various sizes. The abdomen was then syringed with a solution of carbolic acid 1-100; a glass drainage tube inserted; the corrosive sublimate dressing re-applied, and a stimulating diet ordered. Deplat's nascent phenic acid was given hypodermically, 50 minims every eight hours. The temperature, within three hours, had fallen to 100.3° , and gradually continued to approach the normal standard. The abdomen was syringed twice daily; the drainage-tube removed on the day following the incision, and a tent of marine lint substituted. On the eighth day after the discharge of the pus, following a rectal enema, fæces were discovered to be passing through the abdominal wound. The discharge was liquid, having a distinctive fecal odor, and continued to pass for forty-eight hours. The bowels were allowed to rest for the following week, giving opportunity for the healing of the intestinal fistula, and upon again resorting to enema to relieve the bowels, a movement resulted, but no fæces passed the abdominal wound. Phenic acid was gradually diminished in quantity, and discontinued after four days following the discharge of the pus from the abdominal cavity.

She left the Hospital, entirely cured, and returned to her home, at some distance from New York.

In casting a retrospect over these details, one is impressed with the limited array of symptoms associated with so destructive a morbid process. The pus undoubtedly arose from the suppurating pedicle; the sloughs probably exfoliated from the pedicle above the knot; but how so extensive a sloughing, decomposing process could exist in the abdominal cavity, in a patient already strikingly anæmic, without arousing greater suspicion and alarm in the citadel of health, admits less easily of explanation, and admonishes us to consider the possible action of the phenic acid in guarding against the toxic effects of the septicæmic and pyæmic processes.

The third case of this little group was that of a maiden lady of 45 years. She traces the origin of the tumor to a fall five years ago. Had been confined to the bed since April, 1884, and had been the subject of several attacks of diffuse peritonitis.

She had been a constant sufferer, was physically anæmic, was troubled for weeks with partial insomnia; together with inability to regularly ingest nourishment with a concomitant depraved assimilation of the food. The mental condition was that of marked cheerfulness, which continued throughout the subsequent illness. This patient had been under the care of Dr. Belcher and Dr. Nott and had presented all the symptoms belonging to a suppurating cyst of the ovary, and had been aspirated by Dr. Helmuth on the 9th of September, 1884. The intense heat and the exhausted condition of the patient forbidding at that time the radical operation—a large quantity of fluid showing a supra abundance of pus corpuscles and degenerate granular bodies, was removed and the patient was somewhat relieved. She was never however able to leave the bed and was in a most exhausted condition when she came to the hospital, being emaciated, anæmic and very much prostrated.

Entering the hospital several days prior to the operation, she was ordered a nourishing diet, largely beef. Each evening she was given a sponge bath followed by an anointing with vaseline, that the skin should be excited to vigorous activity. For several months it has been my custom to order the patients about to undergo ovariotomy, a sponge bath each evening prior to the operation, followed by an anointing with oil or petroleum jelly. The patient's bowels are also freely moved by means of enemata, and the nurse is instructed to have the patient evacuate the urine before entering the operating room, in order that the bladder may fall behind the pubes and thus be less endangered during the operation. In the case in question, the usual preparatory injection was given (1-100th of a grain of atropine and 1-6 of a grain of morphine in a solution of 10 minims,) one half hour before the operation. An experience of two years with this injection, administered before operations of any magnitude, has convinced me of its efficacy in causing the patient to take less ether and lie more quietly during the administration of the anæsthetic. I have noted, also, that vomiting is less frequent during the etherization and is always more easily subdued or reduced to the minimum; subsequent to the operation, which is a very important consideration, especially in

ovariotomy. It must be also remarked that this method aids in aborting shock by establishing a general superficial capillary congestion.

The patient was carried to the operating table, and a polycysted tumor of the right ovary, in a very degenerate condition, weighing eighteen pounds, removed. Several adhesions existed near the umbilicus. The shock was combated by veratr. alb. 6, and the reactions following by arsenicum 3. The temperature scarcely arose above 100.5° during the subsequent treatment, although the average temperature prior to her operation, for several months, had been 100.1° .

The stitches were removed on the eighth day, and wound had entirely healed by first intention, only one dressing being required.

A catarrhal condition of the bowels had existed for some months prior to the operation, characterized by incarceration of flatus and consequent pain, relieved by pressing the spot of pain by the hand. Colocy. 30 promptly relieved this symptom.

A troublesome dry cough, produced by a sense of tickling in the throat, which was aggravated after midnight, with thirst for small drinks of water frequently, was cured by a few doses of arsenicum 30, after having existed for several months. Here again we note interesting features of the case: A patient apparently exhausted by successive weeks of suffering, emaciated, helpless, confined to the bed, and one bearing but little evidence of recuperative power, passes uninterruptedly onward to a speedy convalescence, in direct contrast to one's natural conceptions of the case. It may not be amiss to here note the favorable issue of those cases, in which the mental conditions prior and subsequent to the operations has been good. Perhaps it cannot be assumed that it is an unfailing sign of successful issue, but it has, at least to me, served as an index of favorable result.

Within the last two years there has not been an unsuccessful case of ovariotomy in this institution where this mental state prevailed. I am not aware of any one that has called the attention of the profession to the mental condition as of prognostic value. It has served me to look for a favorable issue before the operation, as positively as Keith's valuable

indication of passing of gas on the third day does after the operation.

The fourth case, which is now progressing rapidly to recovery, was that of an unmarried woman who had always enjoyed good health until about a year ago, when an abdominal tumor appeared, and grew rapidly. The diagnosis was readily made out, and the tumor removed by Dr. Helmuth, in the usual way. The operation was difficult on account of the friability of the sac, and the numerous adhesions anteriorly and posteriorly. The pedicle was double, each section being very broad, and requiring to be tied in five sections. The tumor was a multilocular colloid cyst, well-marked in all the diagnostic marks of that variety of growth. The same precautions and treatment that I have already noted were carried out, and with the same good result. Arsenicum 30 proved beneficial to the period of shock.

It was chosen because of the small wiry pulse, marked prostration, violent thirst for small frequent drinks, all of which symptoms it speedily removed.

A pronounced reaction followed, the patient was restless, thirsty but for large quantities of water, skin hot with a full, bounding pulse. Aconite 30 was prescribed for the reaction, the maximum temperature being 101°.

After the fourth day all symptoms had disappeared and Sac. lac. administered till the patient noted for several evenings a sense of oppression in the stomach, with drawing pains in various parts of the body, changing their locality frequently, associated with slight mental depressions. A clear indication for Pulsatilla and one dose of the 30th cured it promptly. A little later in her convalescence Dolichos 30 was prescribed for a peculiar sensation of itching developed over the whole body with no eruption visible, but it disappeared in a few hours after the administration of the remedy although it had existed several days.

It may not be out of place to remark here, the great care which I always endeavor to take in the preparation of the room in which the operation is to be performed. The bed linen, the assistants' and nurses' clothing, are all thoroughly sprayed with 1-50th solution of carbolic acid.

It may also be of service to remark the especial need of

having allowed the silk used at the operation, especially that for tying the pedicle, to be placed in carbolized oil of 1-30th strength for several days before it is to be used.

At the bottom of the glass containing the ligatures, there will be found a brownish precipitate containing particles of fibre, resulting from the action of the acid upon the silk. The neglect of this precaution in two cases, before its importance was recognized, resulted in the formation of intra-abdominal abscesses and postponement of convalescence. In both cases from six to eight weeks after the operation, the pieces of unabsorbed silk came away, the patient rapidly recovering.

FUNCTIONS OF THE BILE — MARASMUS.

By W. N. GRISWOLD, M. D.

In Dalton's Physiology is drawn the following picture:

"Two animals died, one at the end of twenty-seven, the other of thirty-six, days. In both, the symptoms were nearly the same, viz: constant and progressive emaciation; nearly every trace of fat disappeared from the body; in one case, two-fifths, in the other, nearly one-half, the weight of the animal vanished; the hair fell off, and there was a putrescent and disagreeable odor in the fæces and breath. The appetite remained good, digestion was not essentially interfered with, and none of the food was discharged with the fæces. There was much rumbling and gurgling in the intestines, abundant discharge of flatus, no pain, and death took place by the gradual wasting of the vital powers."

This picture is similar in some respects to ordinary infantile marasmus, and in other unimportant respects dissimilar. It is similar in the general, gradual and complete waste, or disappearance of the elements of the organism, especially the fatty matters.

It differs from Marasmus in its freedom from those distressing symptoms which attend the progress of the latter; among which are sleeplessness, extremes of appetite, abdominal distensions and retractions, pains, diarrhoeas, and concomitants of hectic fever.

The picture referred to was produced by cutting off the supply of bile from the intestines, leading it into another channel and carrying it out of the body. The symptoms resulting from *absence* of bile, and loss of whatever function it subserves.

The symptoms of Marasmus are the result of enlargement, engorgement, and tubercular degeneration, and final supuration and ulceration of the mesenteric glands; often preceded or accompanied by irritation and inflammation of the mucus lining of the small intestines.

In both instances, the work of the mesenteric glands and assimilative system upon the biliary elements, the actions and re-actions between the two, are disturbed or eliminated. These actions and re-actions cease to exist, in the first instance, for want of biliary material, the supply having been diverted to other channels; in the second, for want of power and action on the part of the assimilative forces, they having been impaired by disease in the small intestines and mesenteric glands.

Does not this statement of two similar pathological results give us a reasonable clue to the real function of the bile?

This function has long been a study of physiologists. It has been supposed to exercise a powerful influence on the secondary digestion, and especially in the disposal or preparation of oleaginous matters for assimilation. Every successive step in the progress of investigation has shown, however, more and more conclusively, that bile does not, at least in any direct manner, influence the digestion of any of the elements of food. The digestion of the albuminous, saccharine and oleaginous elements are each provided for in some other way; and it seems very certain that the most that can be claimed for it, if anything at all, is, that it plays a part similar to that of a ferment, which, by its presence *alone*, influences changes in matters contiguous to it, without entering itself into those changes. It seems equally certain, from the experiments alluded to, that the *bile*, while not affecting the digestion, has a powerful influence in preparing the blood for use in building up the tissues, especially the *fatty* tissues, in the occult process of *assimilation*. This is conclusively proved; for these experiments show that its *absence*

from the intestine, or want of power by the assimilative organs to *use it*, lead to the progressive disappearance of fatty and other tissues, from the body and the blood.

The bile therefore is an assimilative fluid, but not as bile. It has been shown that after entering the small intestine, while in contact with a proper equivalent of intestinal secretions of a healthy nature, consistence and color, it undergoes a catalytic decomposition, and in this broken condition, in new, separate and composite detachments, it is taken up by the absorbents and transported into the realm of assimilation. What may occur on this route from the liver to the mesentery to prevent its action in the assimilative process? This acute or chronic inflammation, may impair, modify or destroy the normal efficiency of the intestinal mucus; in this case, the bile flows through the intestine as *bile*, until a necessity comes for its removal, therefrom, as a foreign body. In which case, it is taken up by the venous capillaries and carried into the system, producing one and a very insidious form of jaundice; or it attaches itself to the excrementitious matter and goes with that out of the system, producing characteristic biliary discharges or biliary diarrhoea. In some cases it may be eliminated from the intestine partly through the capillaries and partly by the rectum.

Owing to the non-decomposition of the bile, its full normal influence is not felt on the assimilative process, and hence the partial emaciation, which always attends chronic inflammation in the mucus membrane of the *small intestines*. The extent of the emaciation will fairly measure the extent of *diseased mucus* surface.

If the mucus surface affected is large, the amount of normal intestinal secretions must be correspondingly diminished, and the amount of bile decomposed and prepare for its action on the assimilative process, must be correspondingly small, and the emaciation correspondingly increased.

Nothing more clearly explains the complications connected with intestinal inflammatory disease, than keeping in view the relations between the normal bile and the intestinal secretions, abnormal deviations in the latter necessarily affecting and modifying any and all functions subserved by the former.

But the bile may be normal in every respect, and be received by the intestinal secretions in due form and submit to the most normal decomposition into more efficient subdivisions, and if disease of the mesenteric glands in any of its grades, from infiltration to ulceration is present, the result on the deposit or absorption of the fatty or other tissues will be, as if no bile had been thrown into the intestines, or decomposed by the intestinal juices. The potency of the biliary force will have been forestalled by mesenteric disease.

Do we know exactly into what other compounds, or simple elements the bile must be dissolved before it is prepared for normal action on the assimilative process? We do not. There is, nevertheless, one simple element, a large quantity of which is found in the bile, and which is believed to have much to do with the assimilative efficiency of the mesenteric glands; that element is sulphur. Those glands are used to the presence of a greater or less quantity of this simple substance.

Under the law of similia, would not an excess of this element, furnished from the bile, lead to excessive action, engorgement and enlargement of those glands, and ultimately to the very marasmic symptoms for which homœopaths so often use it among marasmic patients?

The presence of so much sulphur in the bile, its appearance in the excrementitious matter in proportion of one in the latter to fifteen in the former, makes the use of it in mesenteric disease an exceedingly important question, which should be placed in the way of practical solution.

As corroborative of the possibility that sulphur from the decomposed bile may assist in originating and pushing to fatal issue diseases of the mesenteric glands, it will be generally conceded that Calc. C. can be better relied on for relief in mesenteric diseases than sulphur. Each case will need to be considered individually, and from the consideration of *many cases*, a general rule of action may be evolved.

MODERN SCIENTIFIC DISCOVERIES AND HOMŒOPATHY, WITH HINTS ON THE IMPROVEMENT OF THE HUMAN RACE.

By F. F. DeDERKY, M. D.

It has been suggested repeatedly by wise men, that all sectarian teaching in Medicine should be dropped, and the one object, that of healing the sick, be kept in view only, for the general good of humanity. This suggestion would seem quite natural to the ordinary mind and lay portion of the people; and if the fact could be accomplished, the result might be very desirable, a sort of medical millenium. But, unfortunately, we cannot change the different views and opinions of the people generally, and still less those of medical people, to make them incline to run all in the same direction. This is one of the many impossible things. "Many heads, many minds." For this reason we shall have to let medical matters go on pretty much the same way as they have heretofore, until that perfection is reached when disease shall be cured with such unerring certainty as to establish medicine to be a perfect art. All sects or schools in medicine claim that they work toward the establishment of such a perfect art, and that each is accomplishing it as fast as possible. The opinions of each are set, and most stubbornly held on to, notwithstanding the many disappointments, failures and contrary individual experiences.

We, for our part, are convinced that Homœopathy is vastly in advance of all former systems; convinced that the healing success of our sneeringly-called Sectarian School is far superior to that of all the others. This seems to be abundantly proved by the instability of so many preceding and contemporary schools, such as they have sprung up from time to time. The most convincing proof, however, of the superiority of the Law of Similars is to be found in the fact that the "Regulars," as one school delights to call itself exclusively, as well as other "irregulars," gradually and silently, without acknowledging the source whence taken, incorporate into their text-books our remedies, and our ways of dividing them

and preparing the same. They adopt them in their practice and prescribe them in sickness in many instances according to our indications, as derived from the pathogenesis by the provings on the healthy. And all this they accept and claim as their own, recent and new discoveries. Several years since, I had the pleasure of listening to the lecture of a celebrated allopathic professor, who slightly alluded to the practice of Homœopathy, but was nevertheless constrained to pay it an involuntary off-hand compliment by saying: "That, after all, Medicine owed a debt of gratitude to Homœopathy for having taught the old school to give less medicine, and that in refracta dosi, and in a more refined form."

The time will undoubtedly come that crude drugs will be considered universally to be poisonous to the animal and human frame, with no other but a destructive action upon the living system. This destructive action, however, is their only language to communicate to the close observer their inherent powers to cure disease. There are no other ways so practical to discover these powers than to watch and observe these pernicious actions. We believe that it is the only true way to find them, hinted at repeatedly from Hippocrates down, until it burst, in all its brightness, upon the master-mind of Hahnemann. Notwithstanding, we cannot help but observe the obvious fact that the art of medicine has not reached that state of perfection, as yet, which future generations will witness. The gradual development of the perfect man, who will be taught by physical and physiological education the right use of nature's materia medica, will finally do away with the majority of so-called healers or medical men. Man, better informed concerning the principles of nature and the laws of life, will be less liable to infringe upon and violate these laws. He will suffer less from disease in consequence, and stand less in need of remedial agents to counteract the effects of sin committed through negligence or ignorance. Experience will teach him that disease, in most cases, if not in all, is an effort of nature to throw off the effect of some one or other violation of nature's laws. Until that time arrives, there will be a demand for people, men and women,

versed in the art of healing the ills that flesh is heir to, according to the common acceptance.

Ever since time out of mind, it has been the endeavor of all schools and sects in medicine, to find some cures and specifics against diseases, and the result has been always, or at least nearly always, the same lamentable failure. Supposed discoveries of to-day have been discarded and thrown overboard to-morrow.

The researches in the domain of nature, are laborious on account of the vastness of the fields that have to be gone over and over again with often-times but very little result. The important work of the famous discoveries of the age, could not have been accomplished but by patient perseverance. And although their supposed great discoveries were finally, or by later observations, rejected and lost sight of, their labors were not in vain. On the contrary, they have been and are of immense use by accumulation and comparison. Most of the physical laws have thus been found. The laws of nature are simple and beautiful, they are the thoughts of God. Obedience to them produces good, both directly and by retroaction. The work of science has been carried on with the minutest accuracy. Hygienic and sanitary researches have led to many practical and useful discoveries for the prevention of zymotic, contagious, epidemic and other diseases. And there it ends!—As to the cure of disease, scarcely a sign of improvement is to be found. The same groping in the dark, the same anxious looking for specifics, the same uncertainty everywhere.

It has been an old-time teaching in medicine, to find the cause of disease, and the cure of the same would easily follow, the saying has been, and in a measure is still adhered to, “*tollat causam, cessat effectus*,” hence the renewed indefatigable search after the cause of disease, ever since the microscope was brought into requisition for that purpose.

One of the last discoveries has been that of the supposed cause of cholera, the comma-shaped microbe, discovered by Dr. Koch and announced to the world with such great flourish. It is proudly maintained by the profession at large and held out to the people, that since the cause of this

scourge has been discovered, the finding of a sure cure for it will not remain long behind. But when the question is put to Dr. Koch, he very politely and facetiously answers: "I have nothing to do with the cure of cholera, my work is to find its cause, which I have shown to be the comma-shaped microbe." After him, however, comes Dr. Klein in his turn, and swallows the living comma-shaped microbe, he takes the supposed cause of cholera into his stomach and, contrary to expectation, is thereby affected in no way whatever. But this will be maintained to prove no more or less than that the predisposition necessary for the propagation of any disease may have been wanting in him, and consequently the cause of the disease fell upon a sterile soil and could not develope.

Dr. Koch the discoverer, was sent by his government to the supposed focus or original native birthplace of the disease, to India, that perchance he might also discover a cure for the same; and what are the practical results of these researches in regard to a cure of this dreadful pestilence? According to his own acknowledgment, absolutely nothing.

How different with our illustrious father Hahnemann. When more than fifty years ago, cholera was raging in Russia, and the symptoms of the disease were described, a disease which he had never seen before, of which he knew neither cause nor origin except from the then prevailing theories, he at once pointed out the mode and procedure of curative treatment. A treatment which under similar circumstances, that is to say if a disease is accompanied with the same conditions and symptoms, holds good to this day. It was the same symptomatic treatment of cholera that during its last invasion into this continent some thirty or thirty-five years ago, achieved such glorious triumphs for the cause of Homœopathy by curing most cases treated, whilst under all other treatments, a vast majority unfortunately ended in death.

In Hahnemann's time, disease was looked upon as something material superadded to the healthy organism, some morbid matter entering and existing in the body, which had to be cleansed and purged out. Hence the treatment by bleeding,

cathartics, emetics, sudorifics, etc., as then prevalent and even met with occasionally to this day.

He announced and proclaimed a different theory, more in accordance with his newly discovered law: *Similia Similibus Curantur*, viz.: "Diseases will not cease to be dynamic aberrations of our spirit-like vital force, manifested by sensations and actions; that is, they will not cease, for the sake of those foolish and groundless hypotheses to be immaterial modifications of our sensorial condition (health)." Neither of the two great theories, the living germ theory and the noxious gas theory, had been developed and come to that perfection they have reached since, though they were hinted at in various ways. Whether they are true or not, may concern us very little; for practical purposes, Hahnemann's Dynamic or vital-force theory may serve us better than either. Supposing, however, we accept both theories, as regards the cause and origin of disease, as true or partly true, since it is coming enlightened people not to reject at first sight the discoveries of the great men of science. Admitting them to be true, the question must occur: What good have they done towards curing disease or diminishing the fatality of any disease?

To judge from past experience, their advocates will have to give the same answer that Dr. Koch gave recently. In course of time, with continued experiments on the part of medical scientists, a sort of preventive medicine may be discovered, which might be worth working for, indeed, as it could not help but be an improvement on the old, time-honored aggressive style. Here, again, we, as Homœopaths, with the practical application of our law of cure, are decidedly in the advantage, and need not to be afraid of close investigation and comparison.

The uppermost and undeniably greatest necessity of the better-informed man of the future, still remains a most urging problem to be solved, viz: how to strengthen the physical body, and to eradicate therefrom the predisposition to disease, and in this way make it proof against the casual infection and contagion from any supposed cause of disease. A practical and effective solution of this problem

would be the greatest boon to the race. That it will be solved in due time is possible, nay, probable. At the present, to check the deterioration, and improve the general condition, of the race, would seem to be the best possible through physical culture and education. The improving of the sanitary condition of our houses in towns and cities and everywhere, are steps in the right direction. But the improvement of our body, with all that belongs to it, as the most immediate house we live in, concerns us vastly more. If we were to look more earnestly towards this accomplishment, and point our studies in that direction, it could not fail to lead finally to such discoveries of ways and means to make the human race strong and healthy that there would be no soil for disease-germs to thrive and flourish in, or for noxious gases to be affected by, except perhaps in such overpowering quantities as either is scarcely ever met with. Man will then become proof against infection, and this would make "health contagious instead of disease." The more general adoption of Homœopathy in sickness is a step towards this condition, inasmuch as it leaves the system, after recovery, uncontaminated by drugs, and consequently more free from future susceptibility to disease, the foundation to which is laid in many cases by intemperate drugging.

HAMAMELIS AS AN ANTISEPTIC.

By E. J. FRASER, M. D.

Recently I accidentally made a very satisfactory proving of the antiseptic and healing properties of Hamamelis, which may be of service to the profession.

The subject upon whom the proving was made is a lady now sixty-nine years of age. I made her acquaintance in March, 1882, at which time she was troubled with scirrhus of the right breast, and hemiplegia of the right side. She was very fleshy, weighing perhaps 200 pounds.

Owing to her age and enfeebled condition I did not deem it prudent to amputate the breast, fearing that she would die

under the operation. Having read Declat's treatise on the treatment of cancer by hypodermic injection of phenic acid, this seemed to be a justifiable case for a test of that method. After a faithful application for a period of about six months without benefit, enucleation was attempted in February, 1883. For this purpose a paste was used, composed of equal parts by weight of pulverized hydrastis and chloride of zinc moistened to the proper consistency with water. When the slough began to separate, several violent hæmorrhages set in, which severely threatened her life. Owing to the great tendency to hæmorrhage, the enucleation method had to be abandoned before the entire cancer was removed.

I then packed the cavity with lint saturated with fusel oil, which seemed to greatly retard the growth of the morbid tissue. This was continued till June, 1884, when the discharge became so very offensive that an operation for the removal of the remains of the cancer, together with the entire breast, was determined upon. This operation I performed on the 24th of June, 1884.

I confess that the operation was undertaken with no little fear of the results, for if she, in her feeble and paralyzed condition, was able to withstand the anæsthetic and the shock of the operation, I greatly feared hæmorrhage, which was naturally to be expected, from past experience.

The anæsthetic and the operation were well borne, and to guard against hæmorrhage, I sponged the cavity thoroughly with strong Extract of Hamamelis,* till the hæmorrhage ceased. I then closed the wound, making complete coaptation by means of both deep and superficial interrupted sutures of well-waxed saddler's silk. The wound was then dressed with strips of lint saturated with Ex. Hamamelis, and the same remedy given internally, fifteen drops to half a goblet of water, two teaspoonfuls every two hours.

To my surprise, the wound, which extended from the sternum to the axilla, closed by first intention, without hæmorrhage or suppuration, except a spoonful or two at the lower angle, where a small opening was left for drainage. The

* The preparation used was a distilled Extract of Hamamelis obtained at the Pharmacy of Boericke & Schreck.

wound had, to all intents and purposes, healed in a week after the operation. I never before witnessed so easy and rapid a recovery. This I attribute to the use of the Hamamelis. The lady is now alive, and as well as could be expected, with no signs of a return of the cancer.

I have since used the Hamamelis with good results in minor operations, and I now think more favorably of it than I do of any antiseptic dressing now in use.

This case is reported, not because there is anything peculiarly interesting in it, but for the purpose of showing the causes which led, by successive steps in its treatment, to the discovery of the antiseptic and healing properties of the Hamamelis.

CORRESPONDENCE.

NEW ORLEANS, January 17th, 1885.

ED. CALIFORNIA HOMŒOPATH:—Please be so kind as to publish in your next issue the following lines:

To the Homœopathic profession:—The Hahnemann Medical Association of Louisiana, sends its cordial greeting to every homœopathic physician far and near, north, west, east and south, and abroad, and invites them to grace with their presence the forthcoming Convention of Southern Homœopaths. This will take place in the city of New Orleans, on the 9th day of April, 1885, for the purpose of organizing a Southern Academy of Homœopathy, and celebrating Hahnemann's birthday.

By order of the Association.

C. J. LOPEZ, M. D., Cor. Sec'y.

PHILADELPHIA, January 12th, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—At the last regular meeting of the Society, held January 8th, the following resolutions were unanimously adopted:

“Whereas: R. E. Caruthers, M. D., of Alleghany, a valued

member of the Homœopathic Medical Profession, has been removed by death from his field of labor; and

“*Whereas* : We, the members of the Homœopathic Medical Society of the County of Philadelphia, appreciating the great services rendered by Dr. Caruthers, as Corresponding Secretary of the ‘Homœopathic Medical Society of the State of Pennsylvania,’ and recognizing the loss which Homœopathy in our State has sustained in his death, do hereby

“*Resolve* : That we extend our sympathy to the ‘Homœopathic Medical Society of Alleghany County,’ in their loss, and to his family in their bereavement.

“*Resolved* : That the Secretary be instructed to send a copy of these resolutions to the Alleghany County Society, and to the family of the deceased, and to the Homœopathic journals throughout the country.

“Committee Signed, { CLARENCE BARTLETT, M. D.
J. C. GUERNSEY, M. D.
H. NOAH MARTIN, M. D.”

Very respectfully,

HORACE F. JOINS, M. D., Sec’y.

CLINICAL ITEMS.

x *Arsenite of Bromine* is the new remedy in Diabetes mellitus. From all cases reported, it would appear that two weeks of treatment consisting of anti-diabetic treatment and three—gradually increased to five—drop doses Liquor Brom. Arsen. in a glass of water after meals, is sufficient to clear the urine of sugar in most cases.

Arsenite of Bromine may also have a feature in the treatment of certain skin diseases, particularly those of nervous origin, catarrhs of upper air passages, in phthisis, liver and pancreatic affections and in neurotic anæmia, chorea, etc.

x *Kalmia* as a remedy for Albuminuria, has been in use for a score of years. Prof. Burdick has used it in many cases

with success, and he estimates that it will help fully 70 per cent. of all cases.

ASARUM EUROP. *General Characteristics.*—For chilly persons who are always shrinking from the cold; for example, literary men who are addicted to a sedentary life, and are sick and chilly. Surgeons often give this drug after operations on the eye, for a darting pain which remains. Mucus stool. Sensation as though all the body, or part of the body, was being pressed together. Symptoms are generally on the left side. Vexatious dreams. Worse in cold and dry weather; in clear fine weather; in dry weather. Better from washing; in damp and wet weather; on wetting the affected parts.

AURUM. *General Characteristics.*—Strongest symptoms is a *great desire to commit suicide*. This idea is uppermost in the mind all the time, and every opportunity will be sought for self-destruction. Sleeplessness; anguish of the mind and great grief; seems to have no friends. There may be an irregularity in the labor pains, and when she rises up for anything, instead of lying down again quietly, she *thrashes* herself down *hard*; will have fits of anger, with great rashness. Hopelessness and dependency; mental irritability; affections of the external nose, as a knob on the nose, &c.; bones of the nose; stench from the nose; hearing and smelling too sensitive; hunger too strong; very violent hysterics, accompanied with desperate actions and thrashing about.

+ *Apiol* is said by F. Barker, to be almost specific in Dysmenorrhœa (Uterine, better when flow begins). Begin with two capsules after each meal, two days before.

Piscidia Erythrina has been used very successfully in sleeplessness. The remedy is milder in its action than opium, does not constipate and has no influence on the pulse, temperature or secretions. In many cases, sleep ensued after a half an hour and was uninterrupted throughout the night. The patient awoke without any trace of heaviness or headache.

Naja.—Sense of contraction or drawing together between the organs. Mental depression, aversion to talking, sensa-

tion as if heart and ovary were drawn together, pain in left temple, cardiac and left ovarian region.

Oil of Cade as a surgical dressing.—Prof. Younkin holds that there are but few antiseptics equal to this as a dressing in injured parts, old ulcers and conditions with suppurating tendencies.

Tenia Capitis.—Dr. Jay (Med. Times,) says that cases of tenia can always be cured by corrosive sublimate, 1 gr. to 10 oz. of water and scalp bathed thoroughly with the solution.

x *Bromide of Sodium* in teething.—A few grains dissolved in a tumblerful of water, so that each teaspoonful may represent $\frac{1}{2}$ grain, will quickly quiet the nervous disturbance of teething infants or fever not dependent upon the onset of an inflammation. The dose should be repeated every 10 to 15 minutes.

x *Blatta Orientalis* in Morbus Brightii.—Dr. Schlegel reports the use of this remedy with considerable success in this disease. After the use of the 6th potency, the quantity of urine voided was increased four times, with much decrease of the dropsy and the albumen in urine.

Crocus in Climaxis.—Headache during climacteric years, beating, throbbing on either side, swollen vessels not only of the head but other parts of the body, with pressure in eyes at times when menses ought to appear, when it will last day and night. *Crocus* 3.—Hartman.

Sulp. Acid.—Erethismus vasculosus—after menstruation.

Aethiops Antimonialis.—Scrofulous inflammations, especially of eyes and glands, also after *Salicylic acid*, when rheumatic and gouty pains still persist.

x *Erigeron in Ileus*.—In two cases it acted with great promptness, the anti-peristaltic action ceasing to a normal action of the bowels, with immediate mitigation of the distress, occurring within less than two hours after the administration of the remedy.

DR. WINTERBURN.

In Hemi-crania, remember: The affinity of *Thuja* for left side; *Sanguin*, for right; *Colchic.*, both sides alternately.

Asarum—Headaches come on just before or after menstruation, with weighty tightness or dulness of head and throbbing in occiput. (Puls. Sab. Crocus.)

Coccul—Serviceable against Headaches following sudden suppression of menses, dizziness, nausea, vomiting and irritability of stomach. Feeling of emptiness and hollowness; just the opposite of Bell. and China, which causes a feeling of great fulness.

Nat. M.—in Headaches connected with chlorosis, defective nutrition.

Phosph.—against obstinate congestion to head, which resists Acon., Bell., Opium. Chronic irritation of brain.

Platina—in females with excitable vascular system; too frequent and copious menses.

Arnica.—In headaches, flushings and perspirations, which attend the change of life in women, (Crocus, Amyl. nit., Laches, Sanguin., Sulph. ac.)

PERSONAL NOTES.

THE preliminary term of the Hahnemann Medical College opened February 3d. A good class presented itself.

H. C. FRENCH, M. D., removed to 2512 Mission street. At home, 8 to 9 A. M.; 7 to 8 P. M. His down-town office hours remain unchanged, at 319 Geary street—11 A. M. to 4 P. M.

F. E. J. CANNEY, M. D., Surgeon, removed to 121 Post street—Hours, 9 to 10, 2 to 4 and 6:30 to 7:30.

WM. N. GRISWOLD, M. D.; removed to 107 Taylor street—Hours, 9 to 10, 1 to 2 and 7 to 7:30.

AN OLD CALIFORNIAN.—DR. C. A. BELDIN, who left here thirty years ago, and has been practicing in Jamaica, New York, is out here on a visit of a few months for his health, and may eventually settle among us again.

We are very happy to welcome to this coast Dr. H. L. STAMBACH, a homoeopathic physician, late from Philadelphia. We knew the doctor as a classmate at old Hahnemann and had the pleasure to study in his company at the Vienna clinics.

WE wish to call the attention of our readers to our advertising pages this month, as there are several new and important matters brought to their notice. The Electric Battery advertised is the best pocket battery now in use by far. It gives both the galvanic and faradic current.

Especially to be recommended to families who are required to use Electricity under the advice of their physician.

BUTLER'S Treatise on Electricity is the best work on the subject. Get it!

ANOTHER good book is Haynes' Elementary Treatise on Electro-Therapeutics.

NEW PUBLICATIONS.

The Homœopathic Physician. A monthly journal of Medical Science. Edited by E. J. LEE, M. D.: Philadelphia.

We are almost sorry to confess that our own practice does not entirely conform to the teachings so ably represented by this monthly visitor, but we would not do without its vigorous tonic influence month after month. If it cannot wholly make us as pure as it is itself, it is not because its teachings are not earnest or convincing; but because of our own weak human nature, that delights in playing with the ignis fatuus of its own imagination, rather than uncompromisingly search the truth, even if this does run counter to preconceived notions. Every homœopathic physician ought to subscribe to it.

The Therapeutic Gazette. A monthly journal of Physiological and Clinical Therapeutics. Edited by H. C. WOOD and R. M. SMITH. Detroit: Geo. S. Davis.

With the January number of this valuable journal, that has done so much to introduce new remedies—good, bad and indifferent ones—it passes into the hands of the new editors. It retains much of the distinctive character of the old series, and we have no doubt that, under the new management, it will still further establish its claim as the freshest journal in Therapeutics now published.

FOR SALE AT GREATLY REDUCED PRICES.

A Set of Allen's Encyclopædia, 10 vol., cloth.....	\$35 00
Bartholow—Antagonism between Remedies.....	1 00
Holmes—System of Surgery, 3 vols., Russia.....	15 00
Knight—Improvement of Health.....	1 00
Angell—Diseases of the Eye.....	1 50
Lewes—Physiology of Common Life, 2 vols.....	2 50
Bell on Diarrhoea, 1st edition.....	50

Address BOERICKE & SCHRECK, San Francisco.

PUBLISHERS' DEPARTMENT.

MR. E. A. SCHRECK, the managing partner in our Pharmacy, has returned from his extended trip throughout the Eastern States, and our patrons will receive the benefit of the new connections formed, and the advantages gained, by a visit to the bases of supply.

A number of new lines have been added to our stock, and now the latter will bear a favorable comparison with the best equipped Eastern Pharmacies.

We are pained to notice, more and more, a growing demand for *cheap* goods.

That physicians should allow themselves to be influenced and led astray by low prices, such as cannot but represent inferior preparations, is all the more surprising when it is considered how eminently important it is to employ a reliable medicine.

For the sake of saving a few dollars during the year, the risk is run of neutralizing all the care taken in selecting the proper remedy; and often, by failure in the treatment, the patron is lost, and thus the very economy (a false one, naturally) which is sought to be exercised, becomes a source of loss.

This *demand* for low prices offers a premium to dealers for selling inferior goods, and becomes an almost irresistible temptation to furnish a low grade of preparations for the sake of satisfying a demand for cheapness, which, in the interest of the consumer, should be discountenanced.

Nothing can be more demoralizing to a professional trade than the pressure brought to bear by competition with inferior preparations.

The undersigned never knowingly keep anything but first class preparations—the best procurable—and for these they naturally have to pay first-class prices; it therefore becomes impossible to compete with houses of a doubtful reputation.

It has been our endeavor to compete with first-class East-

ern houses, and as we are satisfied with a smaller margin, we have succeeded. But beyond this we *will not* go.

It is a matter of pride with us that superior quality and reliability shall always be represented by goods emanating from our establishment, and the prices at which we sell them, consistent with this high standard, *are cheap*.

Please bear in mind, our unswerving policy is to dispense nothing but *reliable medicines*, PURITY and EFFECTIVENESS being our watchwords.

BOERICKE & SCHRECK.

HYDROCHLORATE OF COCAINE.

In the ordinary uses of hydrochlorate of cocaine, common usage seems to have fixed upon a strength of 4 per cent. as being at the same time sufficiently effective, and economical in regard to waste. It is more irritating on first application than a 2 per cent. solution, and less irritating than stronger solutions, but, from greater concentration, it is more prompt in effect, is less liable to spread over broad surface and be diluted by secretions, and less liable to waste by overflow in the increased quantity required.

Hence it is more than twice as effective as a 2 per cent. solution, and therefore more economical in cost as well as in time and promptitude of action. Beside, when a 2 per cent. solution is preferred, or a 1 per cent. solution is required for therapeutic purposes, these can be easily be made from the 4 per cent., by dilution with water.—*Squibbs' Ephemeris*.

We keep on hand a full strength 4-per-cent solution. Price: in 1-drach. vials \$2.00; 2-drach. vials, \$3.50.

BOERICKE & SCHRECK.

NOTICE.

Those of our subscribers who have a copy of the last January number of the CALIFORNIA HOMŒOPATH to spare, will confer a favor on the publishers by sending it to us, as we are left without a copy.

Popular Department.

SAID a physician to me the other day: "I do not believe in domestic homœopathy; it does more harm than good." Neither do we believe in the indiscriminate dosing sometimes met with. Homœopathic remedies, though harmless as a rule, can yet be abused. But our experience is decidedly in favor of a domestic practice of Homœopathy, when used within legitimate bounds. Such practice is, of course, far superior to the old method of taking pills, herbs and teas, for, to say the least, harmlessness cannot be predicated of these.

Then we know that Homœopathy has grown most widely where the domestic use of its principal remedies was encouraged. Cures by Aconite, Bellad., Nux, Pulsat., etc., for simple ailments, are matters of daily experience, and they are usually so prompt and convincing, that one layman mentions the fact to another and another. This one tries it and verifies it, and before long a new convert is gained. Now, if real sickness breaks out in the family, the chances are that a homœopathic physician is called in, and thus we have gained a permanent accession to our ranks. It is in this way that that much-abused and highly-valued preparation—abused by a certain class of narrow-minded physicians, and highly valued by all families who have tried it—the B. & S. Homœopathic Cough and Croup Syrup, works for the good of Homœopathy. This is a preparation of Stibium, first suggested many years ago in Dr. Hering's Domestic Physician; and for over a score of years it has worked for the cause, making more converts every year than any one physician in a lifetime. The little box of pellets, with the accompanying book of directions, is the best missionary of Homœopathy, and no far-seeing physician will do anything but encourage its introduction.

WHICH is the best form of homœopathic medicines for domestic use?

All homœopathic remedies can be had in liquid form—dilutions or potencies, and pellets or globules. For convenience and accuracy, the pellets certainly are to be preferred. A half a dozen of the medium size usually constitutes a dose. Sometimes patients object to the sweet taste; then the liquid is preferable. Generally, one drop suffices for a dose, or a few drops may be dissolved in half a tumblerful of water,

and a teaspoonful of the solution taken as a dose. When the triturations (powder form) are used, a powder the size of a pea may be considered the right quantity as a dose.

EDITOR CALIFORNIA HOMŒOPATH:—We hear it repeatedly urged by old-school friends, that Homœopathy is dying out. Have you any evidence to give to the contrary? A. GOULD.

We should think so. The growth of Homœopathy in the United States has been very remarkable. It was not until 1825, that Dr. Gram, the first homœopathic physician in this country, settled in New York. Up to 1844 we had no societies, colleges, hospitals or dispensaries, and but one feeble journal. What is our condition to-day? We have twenty-five hospitals, thirty-three special hospitals, forty-six dispensaries, twelve medical colleges, sixteen medical journals, weekly, monthly and quarterly, and over 7000 physicians, who believe in and practice medicine homœopathically, and are not afraid or ashamed to acknowledge it.

See Transactions of American Institute of Homœopathy, for statistics.

THE editor is willing to answer all questions of interest to laymen, pertaining to Homœopathy, through the columns of the HOMŒOPATH (Popular Department). All communications to be addressed direct to Dr. Boericke, 834 Sutter street, San Francisco.

DR. HENRY MINTON, of Brooklyn, in a recent address, utters some very timely and wholesome truths in regard to "local treatment" of women. We do not think the doctors are entirely to blame; frequently patients force them into making local examinations and treatment when there is really no necessity, simply because otherwise they would seek the services of some one who thus would treat them.

At no period in the history of medicine has the gynæcological craze, in regard to uterine displacements, reached a higher point than it now occupies.

Every pelvic pain, and many pains that are far from being pelvic, indeed, every abnormal condition of the female sexual organs, not easily accounted for, are at once attributed to "falling of the womb," or to some variety of uterine displacement.

The woman now who has the temerity to consult a specialist in regard to any of the numerous complaints to which her sex is liable, is almost certain, and without much ceremony, to be requested to assume the genu-pectoral position on a

gynæcological table, while a visual and manual survey of her external and internal genitalia is made. This examination must, of course, reveal something, and where no absolute infraction is found, displacement is sure to exist to a greater or less extent. Displacement, or what passes for displacement, is certain to be found, because the normal position of the uterus within the pelvis is never constant, but ever changing.

I hold in great disfavor this readiness and haste in making local explorations. The unwarranted presumption of many in the profession, that, because a woman suffers from back-ache and pelvic distress, she must therefore have some local uterine disease, demanding a speculum examination, should be frowned down by all right-thinking men. We thoroughly appreciate the necessity of a correct diagnosis, and would censure any man who failed to make all reasonable efforts to attain it; at the same time I am decidedly of the opinion that the treatment of sexual complaints, in young and unmarried women, should be purely constitutional until such time as the necessity for local exploration is *clearly* and *positively* apparent. Never resorting to, or placing any reliance upon, local treatment, the appearance of the parts, upon inspection, affords us no therapeutic indications, and therefore is of but little practical interest.

It can be easily demonstrated that uterine displacement is not a disease and that it does not deserve the attention in treatment that is now so bountifully bestowed upon it. It is a symptom only, and as such will subside when the cause which induced it has been removed. The causes of which it is but a symptom will, in the large majority of cases, be found to be chronic pelvic cellular inflammation, any inter-pelvic disorder which diminishes the supports of the uterus, or a local neurosis, arising from an impaired or disordered highly developed nervous system.

The uterus being a movable organ within the pelvis is subject to various changes of position. Its mobility is one of its most characteristic features. All its attachments when in a healthy condition are such as to admit of the utmost freedom of motion within certain limits in all directions. With every motion of the body, even by ordinary respiration, and when coughing, singing, laughing, or when walking the position of the uterus is changed. When standing the uterus sinks downward, even in the virgin. With the fingers the uterus can be lifted up and moved in all directions, and during coition the uterus is elevated to a considerable extent without giving pain. By tight clothing the uterus is forced completely out of its place without a word of complaint from

the subject, or the development of a morbid sign. We are all familiar with what ease and impunity the uterus can be drawn down close to the vulva for surgical interference. The uterus is constantly exposed to forces producing temporary displacements; for instance, the bladder in front when fully distended produces complete retroversion, which, though annoying, is seldom painful, and what annoyance there may be comes from the bladder and not from the uterus; behind, is the rectum which when distended acts also as a displacing cause, operating from above and behind producing anteversion. From above we have the abdominal pressure which is constantly acting upon the uterus, and which is greatly increased by every straining effort which brings the abdominal muscles into action or a state of tension, while below the pelvic floor has a constant action in supporting the uterus against the pressure from above.

From these facts it will be seen that the uterus may be displaced in any direction, and the causes of such displacements are but natural conditions which are in constant operation. Thus we may have retroflexion, anteflexion, ascent, descent, prolapsus, or, in fact, any decided removal of the uterus from its normal position while the subject remains perfectly oblivious to the transition constantly in operation.

These displacements are transient and pass away when the conditions which produce them cease to operate; they are therefore purely physiological. It is only when the uterus becomes fixed and stationary, failing to return to its normal position from a continuance of the condition which displaced it, that treatment is called for.

HOMŒOPATHIC REMEDIES FOR CROUP.

Every family should have on hand the following homœopathic preparations for this disease. The symptoms usually set in so suddenly, at night, that it is often impossible, especially for people in the country, to obtain a physician at once. By means of these simple homœopathic medicines, the little patients are made comfortable and put out of danger in the shortest possible time.

Aconite in pellets of the 3d potency. Give six every five to ten minutes, for half a dozen doses. Follow, if necessary, with *Hepar* 6 and *Spongia* 3x. Give the last two in alternation, same number of pellets, every quarter of an hour, until relief is obtained. Keep on hand, also, a bottle of B. & S. Homœopathic Cough and Croup Syrup.